



Public Works Department  
567 El Camino Real, San Bruno, CA 94066  
Phone (650) 616-7065 • ps@sanbruno.ca.gov

(FOR CITY USE)  
Permit Number:

WF 20 \_\_\_\_ - \_\_\_\_  
Received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PERMIT APPLICATION FOR  
SMALL WIRELESS FACILITIES IN  
THE PUBLIC RIGHT-OF-WAY AND WITHIN  
UTILITY EASEMENTS IN PUBLIC AND PRIVATE PROPERTIES**

**INSTRUCTIONS:** Prior to submittal of this Application, the Application Checklist and all other required materials must be included with the submittal package. City staff may deem the application incomplete if the applicant fails to include any required information or materials. Proposed installation shall comply with City of San Bruno Resolution No. 2019 - 61, City Municipal Code Chapter 8.36, and all other applicable regulations and laws.

**Proposed Site Location and Description:**

Project Address: \_\_\_\_\_  
Zoning District: \_\_\_\_\_ Pole Number: \_\_\_\_\_  
Support Structure: ☐ Existing wooden utility pole ☐ New freestanding pole (☐ Integrated or ☐ Equipment Cabinet)  
☐ Existing Streetlight or traffic signal control pole  
Renewal: ☐ Yes ☐ No  
Job Value (\$): \_\_\_\_\_ Estimated Work Duration: \_\_\_\_\_  
Project Description: \_\_\_\_\_  
\_\_\_\_\_

**Applicant:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Applicant's Signature:** (if different from Property/Pole Owner)  
\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Property / Pole Owner:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Property / Pole Owner Signature:**  
\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Engineer / Designer:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_

State PE No: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**Owner/Operator of Wireless Facility:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Identification Number \_\_\_\_\_

**Local Emergency Contact:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**FOR CITY USE ONLY:**

Applicable Shot Clock (for informational purposes only):

☐ 60 days (placement on existing structure) ☐ 90 days (new or replacement pole) ☐ Other: \_\_\_\_\_